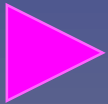


Sharing Our Knowledge: Workplace Managed Care Initiative



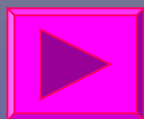
**Presentation by:
Deborah M. Galvin, Ph.D.
Program Manager , WMC
Division of Workplace Programs
Center for Substance Abuse Prevention
January 2000**

Grantees

CSAP funded the following 9 WMC cooperative agreements in November, 1997:

- Behavioral Health Research Center of the Southwest, in conjunction with a major health care service organization.
- Development Services Group, Inc., in collaboration with Kaiser Permanente.
- Greater Detroit Area Health Council, in cooperation with the University of Michigan and M-Care.
- ISA, in cooperation with an insurance company.
- Pacific Institute for Research and Evaluation, in collaboration with a transportation corporation.
- Stanford University.
- University of Virginia.
- The Walsh Group, in conjunction with a technology manufacturing corporation.
- Weyerhaeuser, in conjunction with the University of Washington.

What is Workplace Managed Care



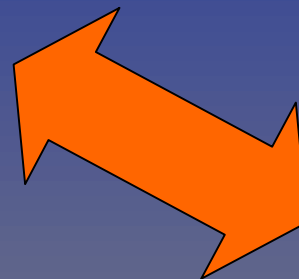
The purpose of the Workplace Managed Care (WMC) initiative is to assist workplaces and managed care organizations in integrating their internal and external substance-abuse prevention and early intervention programs, strategies and activities for employees and their families (covered lives).



Workplace Managed Care

Integrates

Substance abuse
prevention programs,
activities, and strategies



Internal & External

- Employee Assistance Programs (EAPs)
- Human resources
- Private security
- Management
- Managed care organizations
(primary & behavioral health care)
- Other companies and services

WMC Services

WMC services are offered in a variety of locations and methods:

- High Touch (e.g., at work site, physician's office, health fair)
- High Tech (e.g., teleconference, video, Internet)

WMC Prevention/Early Intervention Strategies

- Wellness, health promotion programs
- Health risk assessments and appraisals
- Workplace parenting programs
- Videos
- Peer-to-peer programs
- Interactive web sites
- Drug testing programs
- Enhanced EAPs
- Supervisor training - employee education
- Substance abuse education materials for covered lives
- Family and individual counseling
- Health fairs
- Newsletters
- Prevention moments in primary care and behavioral health care

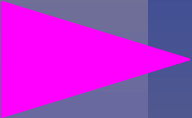
CSAP's WMC Initiative

*For purposes of the study, **Managed Care** characteristics included:*

- A network of providers
- Assumption of financial risk by provider network
- Management of service utilization through guidelines, protocols, and case management techniques
- Provision of preventive care

CSAP's Workplace Managed Care Initiative

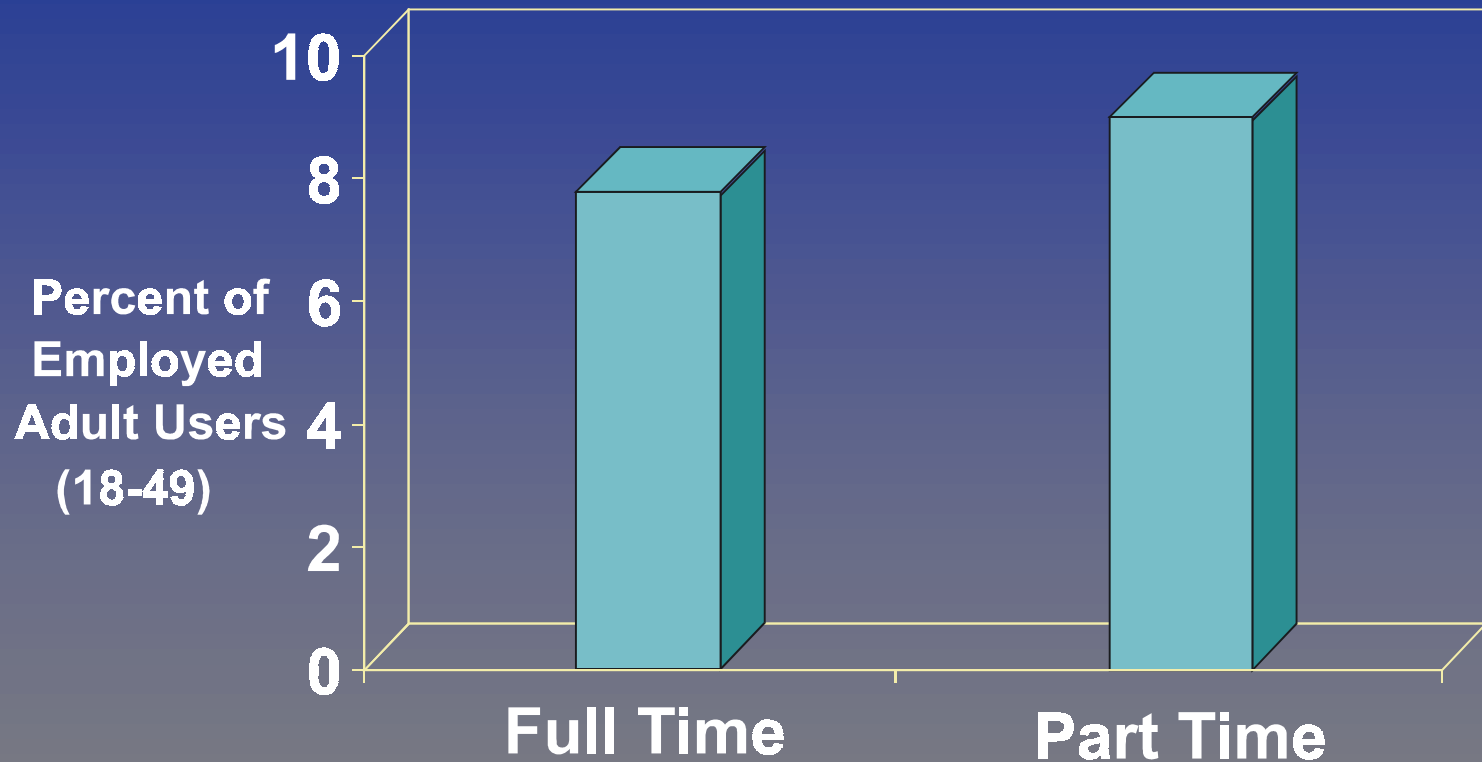
Was a Response to:

- 
- National concern over rising health care costs
 - High rates of employees with substance abuse problems and related workplace & health care costs
 - Need for knowledge on best practices

Research findings support the potential for prevention to curb costs of substance abuse and related disease.



Current Illicit Drug Use Among Employed By Full/Part Time Status



**Source: National Household Survey on Drug Abuse, 1998.
Further Analysis of 1994 Data**

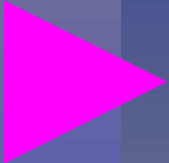
Youth At Work and At Risk

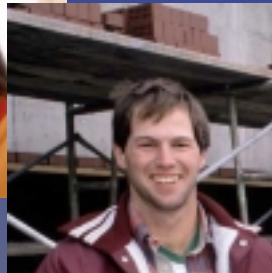
Between 44% and 80% of 16 and 17 year olds work at some time during the year. Those who work 20+ hours per week have been found to be at greatest risk.

Committee on the Health and Safety Implications of Child Labor, et al: Protecting Youth at Work: Health, Safety, and Development of Working Children and Adolescents in the United States. Washington D.C: National Academy Press, 1998.

SAMHSA, CSAP, Division of Workplace Programs

Potential Risk Effects for Working Youth

- 
- Substance abuse
 - Lower success in school
 - School drop-out
 - Involvement in deviance & crime
 - Health problems, such as sleep deprivation and injury



Potential Effects of Substance Abuse in the Workplace



- Lost productivity
- Lower morale and commitment
- Increased turnover
- Higher rates of injury
- Higher workers compensation costs
- Higher health care costs
- Drug selling or trafficking in workplace
- Theft in workplace
- Higher litigation costs

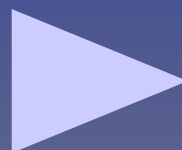
Estimated and Projected Costs

Economic costs of substance abuse

Source: National Institute on Drug Abuse and National Institute on Alcohol Abuse and Alcoholism

estimated

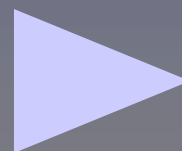
In 1992:



\$246 billion

projected

In 1995:



\$276 billion

Benefits of Prevention Programs

- Reduced substance use
- Better attendance
- Improved productivity
- Increased morale and commitment
- Workplace/community cohesiveness
- Lower health care costs over time



Executive Order 12564 (1986)

Elements of a Federal Drug-Free Workplace Plan:

- Written policy
- Supervisory training
- Employee education
- Access to Employee Assistance Programs
- Identification of illegal drug use
 - Testing under carefully controlled circumstances
 - Medical Review Officer (MRO)
 - Mandatory Guidelines
 - Laboratory Certification



Drug-Free Workplace Act of 1988

Congress required Federal grantees and recipients of Federal contracts of \$25,000 or more, as employers, to comply with the following:

- Establish a written policy explaining prohibitions/consequences of violating the policy
- Employees must read and consent to policy as condition of employment
- Employer must provide employee education
- Employees must disclose any conviction of drug-related offense in the workplace
- Employer must notify Federal agency after receiving notice from employee

Employee Assistance Programs

Estimates for Workplaces with EAPs

1991

45%

1993

55%

Company Size

EAP Coverage

Large workplaces: (1,000+)

76%

Small workplaces: (50-99)

21%

“Core Technologies” of EAPs

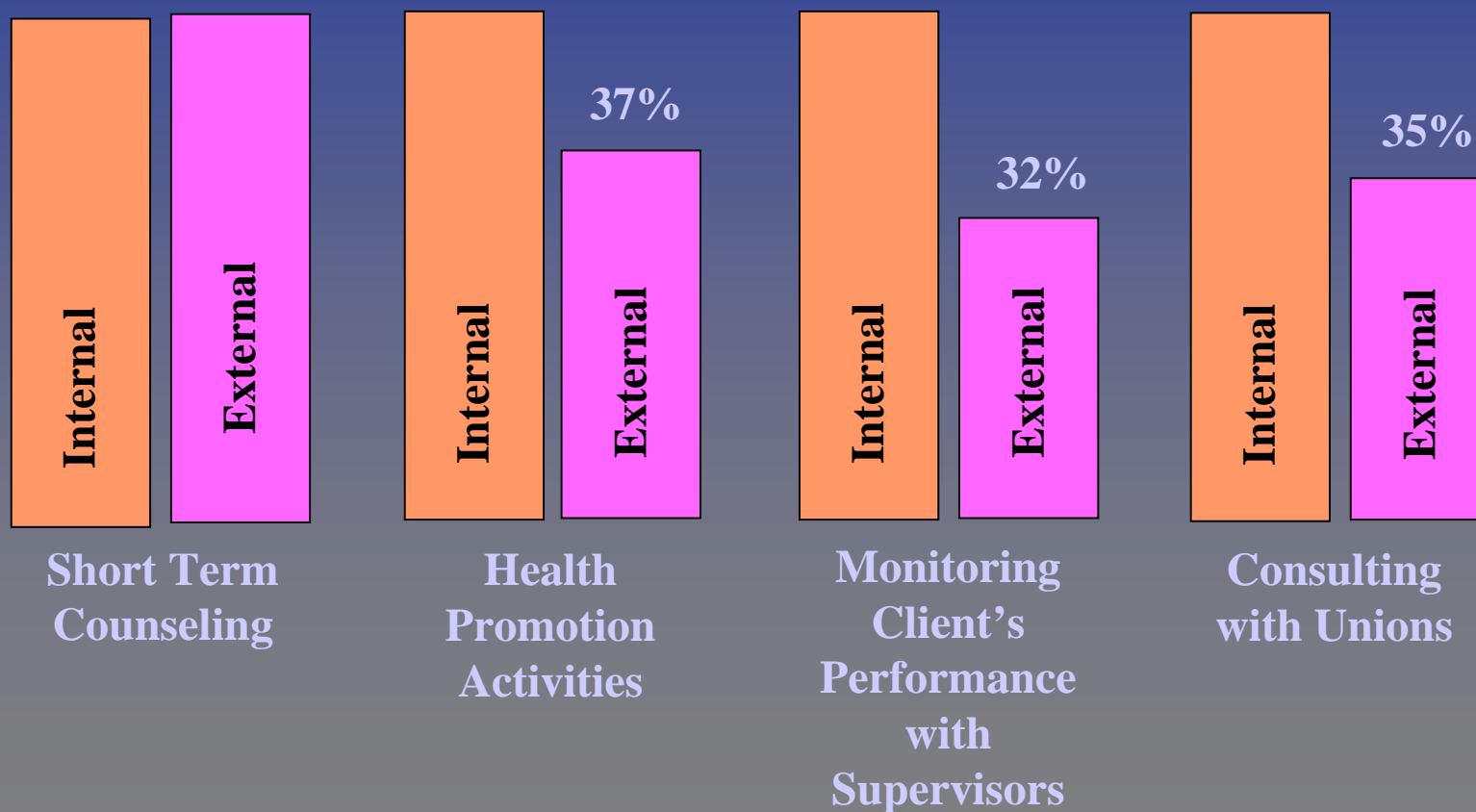
- Employee and family outreach and education
- Supervisor training
- Confidential employee problem identification
- Assessment of job-performance
- Employee referral
- Diagnosis, treatment
- Monitoring and follow-up services
- Constructive early intervention

Roman, PM and Blum TJ: The Core Technology of Employee Assistance Programs: A Reaffirmation. The ALMACAN, 18:17-22, 1988



Services Provided by Internal & External EAPs

Hartwell TD: Results of the National Worksite Survey of Employee Assistance Programs. 1996
Research Triangle Park, NC: RTI.



Health Promotion and Wellness Programs

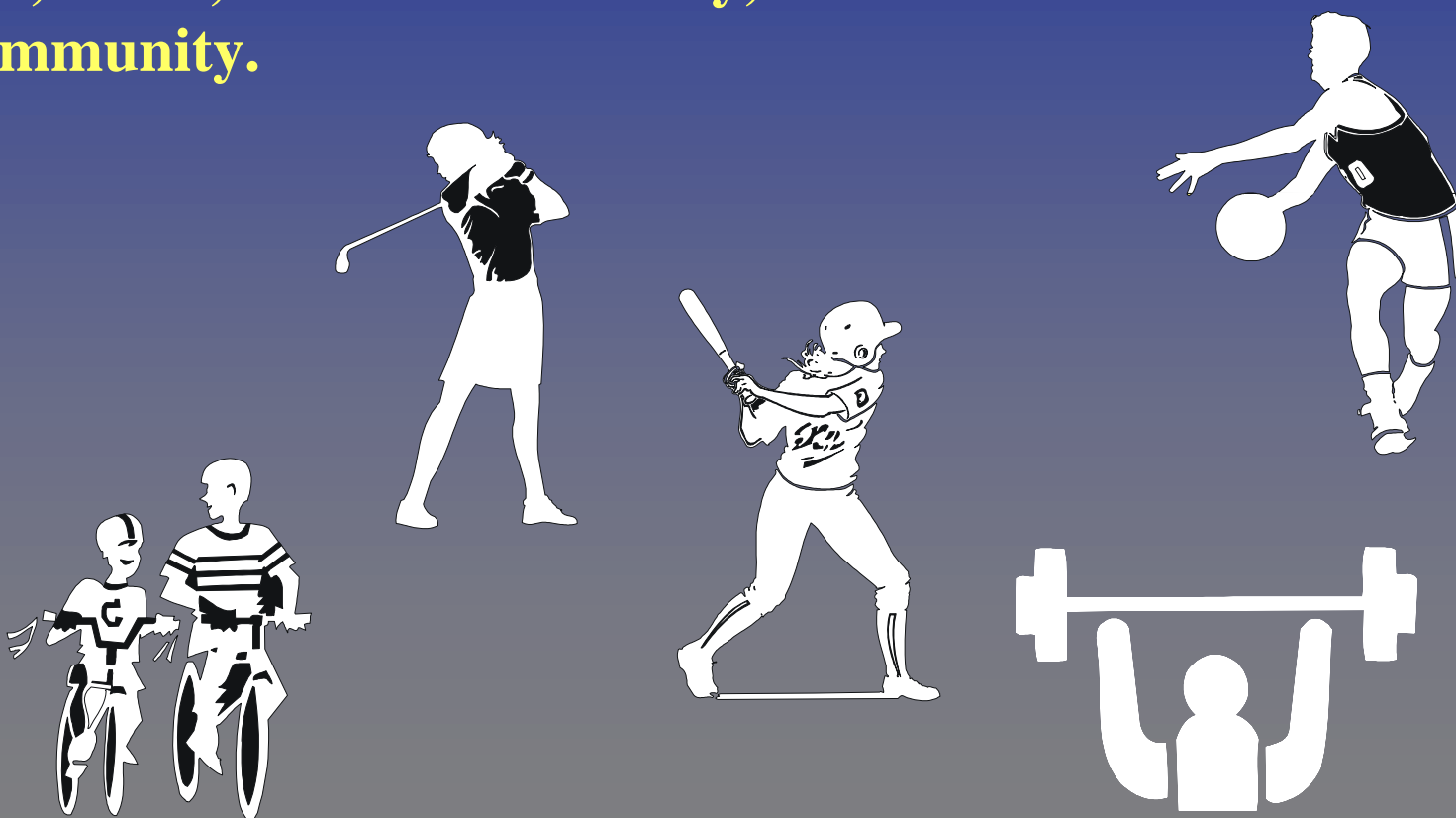
Many programs provide services such as:

- Brief health assessment, which can include checks for:
 - Blood pressure, cholesterol, blood sugar, tobacco, alcohol, and drug use, level of stress, exercise, weight, and nutrition
- Education on health issues
- Behavior/lifestyle changes
- Substance abuse
- Follow-up and support services

Pelletier KR. A Review and Analysis of the Health and Cost-Effective Outcome Studies of Comprehensive Health Promotion and Disease Prevention Programs at the Worksite: 1993-1995 Update. American Journal of Health Promotion 1996 10(5):380-388.

Health Promotion and Wellness Programs

These programs are frequently offered at the work site, home, health care facility, & within the community.



Behavioral Health Care Providers

Within WMC, these providers frequently offer:

- Substance abuse screening and risk reduction in related mental health counseling/treatment services
- Early intervention treatment and follow-up
- Prevention and counseling services for family members

Primary Health Care Providers

- Health risk assessments/check-ups
- Alcohol use information for adult populations
- Educational, wellness & health promotion materials
- Reduction of related risk factors through treatment of disease & other health conditions (e.g., coronary, diabetes, etc.)

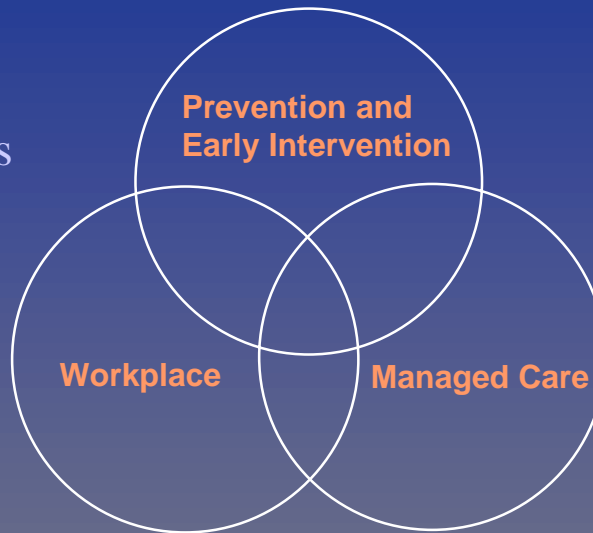
Basis of the Workplace Managed Care Program

Based on on-going managed care programs including:

- ✓ Drug-free workplace programs
- ✓ Employee assistance programs
- ✓ Health promotion and wellness
- ✓ Occupational health & safety
- ✓ Workers compensation
- ✓ Disability
- ✓ Disease management & compensation

WMC Models Vary

Some external EAP's administer behavioral managed care programs that link workplace substance abuse prevention and early intervention activities to the managed care setting.

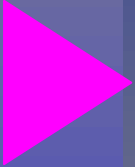


Rising Health Care Costs

Factors affecting costs:

- The aging population
- New and emerging diseases
- Increasing technological sophistication in health care
- Third party payers

Changes Resulted In:

- 
- Increased Interest in Prevention
 - Cost Effectiveness Studies
 - Cost Containment Studies
 - Identifying Best Practices
 - publicly funded
 - privately funded

Experiences in the Workplace

There is a need for information coming from workplace experiences insights and resources in a managed care environment:

- Implementation
- Evaluation
- Cost Analysis
- Replication Models

WMC - Reaching Millions ...



Best Practices adopted from the WMC program have the Potential to Reach Millions of Americans Who Receive Health Care Coverage from Private Providers.

115 million employees

+85 million family members
(covered lives)



**For More Information visit the
Workplace Managed Care Site at the Virtual
Workplace Resource Center:**

[HTTP://WMCARE.SAMHSA.GOV](http://wmcare.samhsa.gov)